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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/436,555 05/13/2003 ABN
which is a CON of 10/126,414 04/19/2002 ABN
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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WI	DRAWING 0	CLAIMS 10	CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

EMOLlient CARRIER GEL

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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